



FINANCE / BUDGET DIVISION  
6000 MAIN STREET SW  
LAKEWOOD, WA 98499-5027  
(253) 512-2269

CLAIM  
VOUCHER NO. 93693

DATE	CHECK NUMBER	VENDOR NUMBER	VENDOR	CLAIM VOUCHER NO.
10/15/2020	93693	011659	VISA - 7212	93693

	PURCHASE ORDER NO.	P.O. DATE	INVOICE NUMBER	INVOICE DESCRIPTION	ACCOUNT DISTRIBUTION	AMOUNT DUE
1.			12/PWOM 09/27	PK B/F Permit For Harry Todd Park	301.0003.11.594.76.41.001	65.00
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
GRAND TOTAL						65.00

AUDITING OFFICER'S CERTIFICATION

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered, or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against the City of Lakewood, and that I am authorized to authenticate and certify to said claim.

X \_\_\_\_\_



### Account Summary

Billing Cycle		09/27/20
Days In Billing Cycle		31
Previous Balance		\$1,376.96
Purchases	+	65.00
Cash	+	0.00
Special	+	\$0.00
Balance Transfers	+	\$0.00
Credits	-	\$0.00
Payments	-	\$1,376.96
Other Charges	+	\$0.00
Finance Charges	+	0.00

**NEW BALANCE** **\$65.00**

### Credit Summary

Total Credit Line	\$7,500.00
Available Credit Line	\$7,435.00
Available Cash	\$7,435.00
Amount Over Credit Line	\$0.00
Amount Past Due	\$0.00
Disputed Amount	\$0.00

### Account Inquiries



Customer Service: (800) 423-7503  
Report Lost or Stolen Card: (727) 570-4881



Visit us on the web at:  
[www.MyCardStatement.com](http://www.MyCardStatement.com)



Please send Billing Inquiries and Correspondence to:  
PO BOX 30495 TAMPA, FL 33630-3495

### Payment Summary

NEW BALANCE	\$65.00
MINIMUM PAYMENT	\$15.00
PAYMENT DUE DATE	10/21/2020

*NOTE: Grace period to avoid a finance charge on purchases, pay entire new balance by payment due date. Finance charge accrues on cash advances until paid and will be billed on your next statement.*

### Important Information About Your Account

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO [WWW.MYCARDSTATEMENT.COM](http://WWW.MYCARDSTATEMENT.COM) AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT SERVICE, NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY WITH [MYCARDSTATEMENT.COM](http://MYCARDSTATEMENT.COM). ENROLL TODAY!

### Cardholder/Account Summary

Trans Date	Post Date	MCC Code	Reference Number	Description	Amount
09/16/20	09/17/20	6010	1 0261200832000210	PAYMENT - THANK YOU	\$1,376.96 -
09/23/20	09/24/20	4900	24692160267100853645183	LAKEWOOD WATER DISTRICT 253-588-4423 WA	\$65.00

### Additional Information About Your Account

HERITAGE BANK

CITY OF LAKEWOOD  
PW O & M FACILITY

Account Number: ##### 7212

Closing Date: 09/27/20

Credit Limit: \$7,500.00 Available Credit: \$7,435.00



Page 3 of 4

Interest Charge Calculation/Plan Level Information						
Plan Description	ICM <sup>1</sup>	Balance Subject to Interest Rate	Periodic Rate	Annual Percentage Rate (APR) <sup>2</sup>	Interest Charge	Ending Balance
<b>CURRENT</b>						
PURCHASES	E	\$ 0.00	0.7708%	9.25% (V)	\$ 0.00	
CASH	A	\$ 0.00	1.5000%	18.00%	\$ 0.00	
<b>FEES/INTEREST CHARGE</b>					\$ 0.00	
<b>TOTAL</b>				0.00%	\$ 0.00	\$ 65.00
<sup>1</sup> ICM Interest Charge Method: See reverse side of Page 1 for explanation.						
<sup>2</sup> Your Annual Percentage Rate (APR) is the annual interest rate on your account.						
(V) = Variable Rate. If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.						

15894



## Credit Card Purchases (Shared cards)

VISA # 7212

Office Depot # \_\_\_\_\_

COSTCO # \_\_\_\_\_

June L. Aguon09/22/20Parks O&M

Employee Name

Date

Department/Division

Project # & Account Number (BARS#)	Item Description Reason for Purchase	Anticipated Amount	Actual Amount
301.0003.11.594.76.41.001	Permits for backflow at Harry Todd Park		\$ 65.00
	Location: Children Swing & Slide Area		
	<b>Total</b>	\$ 0.00	\$ 65.00

Instructions: Authorized approver must approve prior to purchase. If actual amount is more than 10% of the anticipated amount second Authorized approver signature is required. Please tape all receipts smaller than an 8 1/2 x 11 on a sheet of paper (more than 1 receipt can go on a page)

### Certification & Signatures

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me on behalf of the City of Lakewood.

Agumon 9/22/2020  
Employee Signature Date

Signature  
A. Aguon

9/22/2020

Authorized Approver

Date

Serves as Original

Authorized Approval  
(More than 10%)

Date

June Aguon

**From:** noreply@xpressbillpay.com  
**Sent:** Tuesday, September 22, 2020 9:17 AM  
**To:** June Aguon  
**Subject:** Your Xpress Bill Pay payment confirmation

**This email originated outside the City of Lakewood.**

Use caution when following links or opening attachments as they could lead to malicious code or infected web sites. When in doubt, please contact the HelpDesk.

- [helpdesk@cityoflakewood.us](mailto:helpdesk@cityoflakewood.us) ext. 4357

# xpress BILL PAY

## SUCCESS

Your payment has been submitted.

9/22/2020 10:16 AM

Confirmation Number: 86394279

Item	Amount
Lakewood Water District Back Flow Transaction Number: 133643608PT CITY OF LAKEWOOD HARRY TODD PARK CITY OF LAKEWOOD	\$65.00
<b>Total</b>	<b>\$65.00</b>

Pay Method: Visa \*\*\*\*\*7212



**LAKEWOOD WATER DISTRICT**  
11900 Gravelly Lake Drive SW | Lakewood, WA 98499  
Phone: (253) 588-4423 | Fax: (253) 588-7150  
www.lakewoodwater.org

## Backflow Permit No. 5547

PLEASE PRINT

For Inspection Appointment Call (253) 588-4423

Date	9-22-20		
Job Site Address	Harry Todd Park		
Premise #	15996	Meter #	47731042
Property Owner's Name	City of Lakewood		
Property Owner's Address			
City		State	
Phone Number	253-579-1800	Application Completed By	JUNE

Permit Requested By ☐ Owner ☐ Other JUNE W/ City of Lakewood  
Address Jagdon City of Lakewood, US  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone 253-267-1628  
Signature \_\_\_\_\_

☐ Premise ☐ In Premise ☒ Irrigation ☐ Fire Protection ☐ Other \_\_\_\_\_

Total Number of Backflow Assemblies 1

Charge <u>65.00</u>	Inspection: <input type="checkbox"/> Passes <input type="checkbox"/> Failed _____
Tax _____	By _____ Date _____
TOTAL <u>65.00</u>	Comments _____

### PERMIT REGULATIONS

Visual Inspection of Point of Connection to Potable Water is Required.  
Additional Backflow Assemblies May Be Required.

## PERMIT NOT VALID AFTER 6 MONTHS

*Our Water, Our Community, Our Commitment*

WHITE - CUSTOMER COPY | YELLOW - INSPECTION COPY | PINK - DISTRICT COPY